Travel Expense Claim					See Instructions and *Privacy Statement on Reverse Side						Pg.	1	of	1	
STD. 262 (Rev. 7/2005) Claimants Name							SSN or Employee Number *			Department					
Chris Murphy											Office of Traffic Safety				
					B/ID #			Division or Bureau						Index Number	
Residence Address							Headquarters Address				Telephone Nur			ne Number	
								2208 Kausen Dr. Ste 300						916 509-3030	
City				State Zip Code							State		Zip Code		
Elk Grove				CA		Elk Grove				CA 95758					
(1) Month/Yr Jul 2009		(3) LOCATION WHERE EXPENSES	(4) Lodging		(5) Meals O.T., L/T,		, (6)		1	ransport (C)	tation (D) Private		(0)	(9) TOTAL	
				Break -	Lunch	N/C,	Incide	(A) Cost of	(B) Type	carfare,		r Use	(8) BUSINESS EXPENSE	EXPENSES	
(2) Date	Time	WERE INCURRED	Louging	fast	Larion	Relo. Or Dinner	ntals	Trans.		tons,	Miles	Amoun		FOR DAY	
7/30		Elk Grove to San Francisco							А		190	104.50		\$104.50	
.,															
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00		\$0.00	
												0.00			
(10)	SUBT	TOTALS	0.00	0.00	0.00	0.00	0.00	0.00		0.00	190	104.50		\$0.00	
		DDE (ACCTG. USE ONLY)												#404.50	
		T OTAL SE OF TRIP, REMARKS AND	DETAIL	S (Attach	receipts/	vouchers w	hen rea	uired)		(12) NO	DRMAL	_ WORK	HOURS	\$104.50	
7/30/2009 Retirement luncheon for NHTSA Deputy Regional Administrator										08:00 -	17:00				
										(13) PF	RIVATE	VEHIC	LE LICEN	1SE	
\$0.											14) MILEAGE RATE CLAIMED				
										\$0.550 AGENCY ACCOUNTING OFFICE USE					
												ON I DLVING F			

reate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as presecribed by SAM Sections 0750, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)

DATE